

TRANSMITTAL #: 85
DATE:08/31/2005
TRICARE CHANGE #: C-23

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 10.9
TITLE: REFRACTIVE KERATOPLASTY

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

I. EFFECTIVE DATE

April 25, 1988

II. PROCEDURE CODE(S)

A. CPT Codes: 65767 and 65770

B. HCPCS Level II Codes: C1818 and S0812

III. DESCRIPTIONS

A. Refractive keratoplasty is a generic term which includes all surgical procedures on the cornea to improve vision by changing the refraction.

B. Epikeratoplasty or Epikeratophakia is a surgical procedure which involves the removal of the corneal epithelium from the recipient eye and the suturing of a prelathed donor corneal graft onto the surface of the recipient cornea.

C. Keratoprothesis is a surgical procedure that uses an FDA (Food and Drug Administration) approved plastic implant, which is placed into the eye used for patients who have had unsuccessful cornea transplants using human tissue.

D. PTK (Phototherapeutic Keratectomy) involves the use of the excimer laser to treat visual impairment or irritative symptoms relating to diseases of the anterior cornea by ablating thin layers of corneal tissue.

IV. POLICY

A. Epikeratoplasty or Epikeratophakia (CPT code 65767) is a well-accepted treatment for the cornea, keratoconus, pterygium and pediatric aphakia (absence of the lens in the eye). It is not considered a refractive surgery, but rather a variant of the lamellar keratoplasty and when used for these indications are a covered benefit.

B. Keratoprothesis (CPT code 65770 or HCPCS Code C1818) is a covered service.

C. PTK (Phototherapeutic Keratectomy) for corneal dystrophies (HCPCS Code S0812)

D. For information regarding corneal relaxing incision (CPT code 65772) following corneal transplants (see [Chapter 2, Section 31.9](#), *Corneal Transplantation*).

V. EXCLUSIONS

Refractive keratoplasty procedures that include but are not limited to:

1. Conductive keratoplasty (CPT code 65771)
2. Epikeratophakia, except as indicated in policy
3. Kertomileusis (CPT code 65760)
4. Keratophakia (CPT code 65760)
5. Radial keratotomy (CPT code 65771)

END OF POLICY